



# Li Cheng Uk Government Primary School

43 Tonkin Street, Sham Shui Po, Kowloon

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## Special Notice: 114/2024-25

15.1.2025

To: Parents / Guardians of \_\_\_\_\_ ( \_\_\_\_\_ ),

### Expressive Arts Therapy Group

The school is launching the Expressive Arts Therapy Group to enhance students' emotional awareness and help them relieve stress and anxiety. Your child/ward is nominated by teachers as a participant. The details of the programme are as follows:

Date:	2/6, 13/2, 20/2, 6/3, 20/3, 27/3, 10/4, 15/5 (Thursdays)
Time:	3:30 p.m. – 4:30 p.m.
Remarks:	<u>No school bus service</u> will be provided after the activity.

Please complete the reply slip and return it to the class teacher on or before 17 January 2025 (Friday). Should you have any enquiries, please feel free to contact Ms CHAN Ka-yi at 2386 8049.

Thank you for your attention.

(Ms CHUI Sau-man)

Headmistress

### Reply Slip

### Expressive Arts Therapy Group

Special Notice: 114/2024-25

Date: \_\_\_\_\_

To: Headmistress,

I have read the School Notice No. 114/2024-25 dated 15.1.2025 and I fully understand its content.

I agree my child / ward to join the group program.

<p><b>*Normal way of going home:</b></p> <p><input type="checkbox"/> Go Home Alone</p> <p><input type="checkbox"/> Parent's Team</p> <p><input type="checkbox"/> School Bus No. (     )</p>	<p><b>*Way of dismissal after the activity:</b></p> <p><input type="checkbox"/> Go Home Alone</p> <p><input type="checkbox"/> Pick up by parent / guardian at LCUGPS</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Contact Phone Number: _____</p>
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I do not agree my child / ward to join the group program.

Student's name: \_\_\_\_\_ (     ) Class: P. \_\_\_\_\_

Parent's / Guardian's Signature: \_\_\_\_\_

*\*Please tick the appropriate box.*